

APPLICATION DATA SHEET

Application Information

Application Number:: Not Yet Assigned
Filing Date:: September 11, 2003
Application Type:: Regular
Subject Matter: Utility
Title:: Septal Puncture Device
Attorney Docket Number:: NMT-015
Total Drawing Sheets:: 17
Small Entity?:: YES
Licensed US Govt. Agency:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Andrzej
Middle Name::
Family Name:: Chanduszko
Name Suffix::
City of Residence:: , South Boston
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 50 Woodward Street
City of Mailing Address:: South Boston
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02127

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity

Given Name:: David
Middle Name:: J.
Family Name:: Callaghan
Name Suffix::
City of Residence:: Boston
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 98 Calumet Street, Apt. #2
City of Mailing Address:: Boston
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02120

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: Widomski
Name Suffix::
City of Residence:: Wakefield
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 1 Sunset Drive
City of Mailing Address:: Wakefield
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 01880

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-provisional of	60/412,952	09/23/02

Assignee Information

Assignee Name:: NMT Medical, Inc.

City of Mailing Address:: Boston

State or Province of Mailing Address:: MA

Country of Mailing Address:: USA